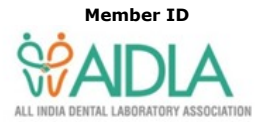




VINAYAGA DENTAL LAB
621,MODEL SCHOOL ROAD, SIRI MANSION FIRST FLOOR
THOUSAND LIGHTS, CHENNAI - 600006.
Phone: 04442658719. Mobile: .
EmailID: vinayagadentalsuresh@gmail.com.



GSTIN:33ATGPS0750C1Z2

INVOICE



VDL26-27/1489

To

MUTHU HOSPITALS Pvt Ltd
336, Paper Mills Road, PERAMBUR, CHENNAI -
600011.
GST IN:33AAQCM7085G1Z2.

Invoice No: VDL26-27/1489

Invoice Date: 31-Jul-26

Ord.No./Date	O.Form.No	Product Name	Notation	HSN Code	Units	Rate	Total(°)
VDL26-27/12369 31-Jul-26		SOFT SPLINT UPPER	1	90212100	1	400.00	400.00
Consultant :		Patient:SIKKANDAR					
VDL26-27/10649 14-Jul-26		Hard Splint Lower	1	90212100	1	400.00	400.00
Consultant :		Patient:SIKANDAR					
TOTAL UNITS					2		

Taxable Amount	762.00
CGST@2.5%	19.05
SGST@2.5%	19.05
Total Amount	800.00

Total Net Amount in words: Rupees Eight Hundred only.

Round off Net Amount(°) **800.00**

Bank Details

NAME : VINAYAGA DENTAL LAB

BANK NAME : ICICI BANK

ACCOUNT NO: 603605015227

IFSC : ICIC0006036

BRANCH : EGMORE.

Accounts Department No-1 :7550066982.

Accounts Department No-2 :8608692987.



[REQUEST YOU TO MAKE THE PAYMENT WITHIN 15 DAYS FROM THE DATE OF BILL GENERATE]

For VINAYAGA DENTAL LAB

Authorised Signatory

This is the computer generated invoice.